

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 903377

FILING DATE

07-10-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
15		3				
16		4				
17	1					
18		1				
19		1				
20	1					
21		1				
22		2				
23	1					
24	1					
25	1					
26	1					
27		1				
28		4				
29	1					
30		2				
31						
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48						
49						
50						
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	24	↓		↓		↓
TOTAL CLAIMS	40					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS